



Idaho Medicaid Health Home Program

NARRATIVE

PRACTICE INFORMATION

Practice Name: _____

Street Address: _____

Physician
Champion: _____

Person
Completing form: _____

Organizational
NPI #: _____

Date: _____

Please present a case study that illustrates how transitioning to an Idaho Health Home model has had a positive impact on your clients or your clinic.

1ST OBJECTIVE

Objective:

Progress:

Obstacles:

TA/Training Needs:

Was Change Implemented? Y or N

2ND OBJECTIVE

Objective:

Progress:

Obstacles:

TA/Training Needs:

Was Change Implemented? Y or N

3RD OBJECTIVE

Objective:

Progress:

Obstacles:

TA/Training Needs:

Was Change Implemented? Y or N

4TH OBJECTIVE

Objective:

Progress:

Obstacles:

TA/Training Needs:

Was Change Implemented? Y or N